



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Richard J. Visingardi, Ph.D., Director

August 28, 2003

MEMORANDUM

TO: Area Directors and Adult Mental Health Coordinators of
Area Programs Hosting Geriatric Specialty Teams

FROM: Flo Stein, Chief, Community Policy Management Section
Leza Wainwright, Team Leader, Budget and Finance Team

RE: SFY 04 Funding for Geriatric Specialty Teams

As the Geriatric Specialty Teams continue to develop, the Division recognizes that many of the critical service activities performed by these teams such as technical assistance and training for nursing facility and adult care home staff are not readily reimbursable through IPRS.

To address this funding issue, and to support the Geriatric Specialty Teams engagement in these important, but non unit billable activities, the Division will immediately reallocate 25% of each area program's recurring funds for this initiative outside of UCR for SFY 04. This 25% of Geriatric Specialty Team funds will be transferred to an Adult Mental Health Non-UCR account for reimbursement of costs associated with these expenditures.

By September 5, 2003, the Division will send out an allocation letter to each area program as formal notice documenting the amount of UCR funds transferred into Non-UCR. An area program may request that a lower percentage of funds be transferred if they determine that transferring 25% of Geriatric Specialty Team funds is not needed for these purposes. In this case, area programs should contact Elizabeth Brown by e-mail at Elizabeth.Brown@ncmail.net in order to request a lower percentage amount to be moved rather than the standard 25% dollar figure.

It is recommended that area programs/LMEs establish one expense center for the Geriatric Specialty Team. Of the total expenditures for the Geriatric Specialty Teams each month, up to 25% is eligible for reimbursement outside of UCR to pay for these critical staff activities that are not reimbursable through IPRS. Reimbursement for these service activity expenditures that are not being reported to IPRS should be requested on the Financial Status Report (FSR). Since funds will be paid on a reimbursement basis, no settlement will be necessary. The area program/LME is responsible for completing the FSR to report Non UCR expenditures and request reimbursement of those expenditures. Forms with an original signature are to be submitted to the Regional Accountant for approval.



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Documentation of all non-IPRS service activities provided by the Geriatric Specialty Team shall be maintained by the area program/LME. This documentation of Geriatric Specialty Team activities provided by the area program/LME shall minimally include the following:

- Name and location of facility/agency at which activity occurred
- Type of facility/agency (Nursing Facility, Adult Care Home, Human Service Agency, Hospital, Private Medical Services, or Other)
- Description of group participants
- Approximate number of group participants
- Date and duration (time) of the activity
- Type of activity (Hospital Discharge Planning, Training, Technical Assistance, Program Development Activities, or Other)
- Outcome of activity
- Name(s) of Geriatric Specialty Team member(s) participating in activity
- Signature and title of individual reporting activity

The Division is requiring that each area program provide a year-end listing of the number of hours of service activities that were reimbursed through Non-UCR funds that were provided to designated facilities by service type. This summary will allow the Community Policy Management Section to compile a statewide profile of critical services in this initiative that were not funded within IPRS and assist in further planning for this initiative in the future.

The area program or LME should submit the Geriatric Specialty Team Annual Summary of Non-IPRS Activities: FY 2003-04 by July 20, 2004 to the Community Policy Management Best Practices Team at Jennifer.Stirling@ncmail.net or 3007 Mail Service Center, Raleigh, NC 27699-3007. A copy of this form is enclosed for your use, and an electronic version of this form is available by request to Jennifer Stirling at 919-715-2775. For questions please contact Laura White at (919) 733-3654 or Laura.White@ncmail.net or Spencer Clark at (919) 733-4670 or Spencer.Clark@ncmail.net.

FS/lw

Enclosure

Cc: Secretary Carmen Hooker Odom
James Berstein
Carol Duncan Clayton
Fred Waddle
Regional Accountants
George Francis
Laura White
DMH Best Practice Team
DMH Budget Office

Lanier Cansler
DMH Executive Leadership Team
Robin Huffman
Patrice Roesler
Bob Duke
Jay Dixon
Spencer Clark
DMH LME Team



Geriatric Specialty Team Annual Summary of Non-IPRS Activities: FY 2003-04

Area Program/LME	Name of Geriatric Team Leader	Person Completing Summary	Date Summary Submitted
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Instructions: The Geriatric Specialty Team Annual Summary of Non-IPRS Activities is to be completed for non-billable service activities provided by designated Geriatric Specialty Team staff. Summary is to be submitted by July 20, 2004 to the CPM Best Practices Team at Jennifer.Stirling@ncmail.net or 3007 Mail Service Center, Raleigh, NC 27699-3007. For questions, please contact Laura White at (919) 733-3654 or Laura.White@ncmail.net or Spencer Clark at (919) 733-4670 or Spencer.Clark@ncmail.net. (As necessary, form may be duplicated).

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* **Facility /Agency Type:** **NF** = nursing facility **ACH** = adult care home **HS** = human service agency **HOSP** = hospital **MED** = private medical services **O** = other